



UNSAFE CONDITIONS REPORTING FORM

This form is to be used by employees that have identified hazards not previously recognized. This form brings the hazard to the attention of the management.

Notice is hereby given that the use of this form or other reports of unsafe acts or conditions are protected by law [8 ccr, section 3203]. It is illegal for the employer to take action against an employee for making such a report. **The employer must investigate the report and explain to employees the action taken and any subsequent actions as necessary.**

Date:	Employee Name (Optional):

Supervisor has been notified: **No** **Yes** Date of Notification: _____

Description of Hazard:

Possible Causes for the Hazard

Possible Ways to Control or Eliminate Hazard

Location of Hazard:

Any Immediate Action Taken by Employee Reporting

District Use

Date Received:	Received By:	Complaint Inspected:

Hazard Priority: **Urgent** **High** **Medium** **Low**

Action(s) Taken: **Employee(s) notified:** **No** **Yes** **Date of Notification:** _____

Original to Safety Coordinator Copy to: Facilities/Maintenance Administrator/Dean